PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10.791876

											0 1 4												
_				S FILED - PART I		(Column 2)		SMALL I	ENTITY	OR		R THAN ENTITY											
TOTAL CLAIMS			5		'		ſ	RATE	FEE	7	RATE	FEE											
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	 											
TOTAL CHARGEABLE CLAIMS			5 m	inus 20=	•			XS 9=		OR	XS18=												
INDEPENDENT CLAIMS			\3 m	ninus 3 =	• '			X43=	+	4		 											
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT						+	OR	700=	 											
* If the difference in column 1 is less than zero, enter *0" in column 2							L	+145=		OR	+290=												
•								TOTAL	311	OR	TOTAL												
2/1/05 CLAIMS AS AMEN				(Column 2) (Colum				SMALL	ENTITY	OR	OTHER SMALL												
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	. /7	Minus	- Ze	<u> </u>	=		X\$ 9=		OR	XS18=												
A ME	independent	1.3	Minus	-3		-		X43=		OR	X86=												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	+290=												
						L	TOTAL		OR	TOTAL													
(Column 1) (Column 2) (Column 3)								DIT. FEE	L	JOR ,	ADDIT. FEE												
		CLAIMS		HIGHE		(Column 3)	_			, ,													
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	•	Minus	**		* ·		XS 9=		OR	X\$18=												
	Independent	•	Minus	***		= .		X43=	_	OR	X86=												
ك	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=															
										OR	+290=												
	•									OR A	TOTAL DDIT. FEE												
(Column 1) (Column 2) (Column 3)																							
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total ·	•	Minus	**		- .	>	(\$ 9=		OR	X\$18=												
	Independent		Minus	***		•	1	(43=		-	X86=												
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OR +290= **TOTAL ADDIT FEE OR ADDIT FEE											TOTAL												
· TI	the "Highest Num he "Highest Num!	nber Previously Pai ber Previously Paid	d For" IN THIS For" (Total or	S SPACE is k Independent	ess than) is the l	3, enter "3." highest number			ropriate box		The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												